

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003414

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: SABBIA MONTI PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1107 WEST MARION AVENUE  
SUITE 112  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

3629 MADACA LANE  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 26-1411456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE, JAMES E III  
1107 WEST MARION AVENUE  
SUITE 112  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOUCKAERT, BRUNO  
Address: 3005 CARING WAY  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VPD ( ) Delete  
Name: HERSTON, JAMES  
Address: 992 TAMiami TRAIL, UNIT 1  
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: STD ( ) Delete  
Name: LORICCO, CARL  
Address: 3005 CARING WAY  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUNO BOUCKAERT

P

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date